



Instrumental evaluation associated with infectious risk factors in the pre- and postoperative period of neurological surgeries

Skhar Rubens Ribeiro Raitez

Undergraduate student in Medicine
Institution: FEEVALE University
Address: RS-239, 2755 - Vila Nova, Novo Hamburgo - RS, CEP: 93525-075
E-mail: skharrubens@hotmail.com
ORCID: 0009-0001-0477-4201

Paulo Henrique Mariano Batista

Graduating in Medicine
Institution: Centro Universitário do Espírito Santo, campus Colatina
Address: Av. Fioravante Rossi, 2930 - Martineli, Colatina - ES, CEP: 29703-858
E-mail: marianobatistapaulahenrique@gmail.com
ORCID: 0009-0004-3570-2958

Brenda Bitencourt Cordeiro

Undergraduate student in Medicine Institution: Faculdades de Dracena
Address: Rua Bahia, 322, Metropole, Dracena - SP, CEP: 17900-000
E-mail: brendabitencourtcordeiro@gmail.com
ORCID: 0009-0001-7280-8362

Poliana de Lima Santana Rocha

Graduated in Medicine
Institution: Unifacid Wyden University Center
Address: Rua Veterinário Bugyja Brito 1354 Horto Florestal, Teresina - PI, CEP: 64052-410
E-mail: poliana.rsantana@gmail.com
ORCID: 0009-0008-6784-7149

Marcyelle Severo Fernandes

Graduated in Medicine Institution: Franciscan University
Address: R. dos Andradas, 1614 - Centro, Santa Maria - RS, CEP: 97010-030
E-mail: marcysf4@gmail.com
ORCID: 0009-0000-9257-4826

Lana Raissa Tavares Ferreira

Graduated in Medicine
Institution: Pará State University, CCBS campus
Address: Tv. Perebebuí, 2623 - Marco, Belém - PA, CEP: 66087-662
E-mail: lanaraissa25@gmail.com
ORCID: 0000-0002-3090-0443

Marina Chaves Orben

Undergraduate student in Medicine
Institution: Universidade Paranaense
Address: Praça Mascarenha de Moraes, Nº: 4282, Zona III, Umuarama - PR, CEP: 87502-210
E-mail: orbenmarina@gmail.com
ORCID: 0009-0003-8527-3488



Elaine de Oliveira Alves

Stuck in Medicine

Institution: Barbacena School of Medicine

Address: Praça Pres. Antônio Carlos, 8 - São Sebastiao, Barbacena - MG, CEP: 36202-336

E-mail: elaine.awes@yahoo.com.br

ORCID: 0009-0009-5455-9874

Edwardo Arcanjo Silva

Graduated in Medicine Institution: University of Buenos Aires

Endereço: Paraguay 2155, C1121 ABG, Buenos Aires, Argentina

E-mail: edwardoarcujo@gmail.com

ORCID: 0009-0000-4700-6387

Milan Padovan Milanezi

Graduated in Medicine

Institution: School of Sciences of Santa Casa de Misericórdia de Vitória

Address: Av. N. S. da Penha, 2190, Santa Luíza, Vitória - ES, CEP: 29045-402

E-mail: milanamilanezi@gmail.com

ORCID: 0009-0000-5914-1957

Priscila Londero Zavaglia

Graduated in Medicine

Institution: Catholic University of Pelotas

Address: R. Gonçalves Chaves, 373 - Centro, Pelotas - RS, CEP: 96015-560

E-mail: priscila.londero.zavaglia@gmail.com

ORCID: 0009-0007-9438-9051

Ana Carolina Campos Moraes Guimarães

Graduated in Medicine

Institution: University of Rio Verde, Rio Verde campus

Address: Fazenda Fontes do Saber, s/n, Rio Verde - GO, 75901-970

E-mail: anaemguimaraes@hotmail.com

ORCID: 0000-0002-5508-3603

ABSTRACT

Surgical site infection (SSI) is the main complication related to the operated patient. They are generally considered to be nosocomial infections. Its denominations go through some factors, such as the material used, incisions, prostheses and appliances, in addition to enabling something undesirable, in this case the surgical reapproach.

Keywords: Neurosurgery, Infections, Neurological Instrumentation, Complications, Neurological Risk Factors, Neurological Improvement Factors, Operating Room Nursing.

1 INTRODUCTION

Surgical site infection (SSI) is the main complication related to the operated patient. They are generally considered to be nosocomial infections. Its denominations go through some factors, such as the material used, incisions, prostheses and appliances, in addition to enabling something undesirable, in this



case the surgical reapproach. These problems ultimately lead to a situation where the patient needs a longer hospital stay, as already mentioned, a possible surgical reapproach and, most importantly, can lead to the patient's death. Thus, the purpose of this study is to review and add points that produce better chances for reducing the number of SSIs related to patients in the pre- and postoperative periods of neurosurgery.

2 OBJECTIVE

This study aims to seek an adequate validation of patients undergoing neurological surgeries, so that these patients can have a better quality of life after surgery, in addition to reducing their hospitalization time. In this way, ensuring low risk of life and high quality of life.

3 METHODOLOGY

The strategy used relied on studies, based on an analysis on platforms such as Google Scholar, PubMed, SciELO, Medical SubjectHeading (MeSH), in which each data source had a study about the titles, subjects and specific types in the Portuguese and English language. Findings. At this point, the percentage of post-surgical patients was 9.8%. It was observed that risk factors such as total length of hospital stay, Body Mass Index, surgical size and blood transfusion were associated with the presence of infection. Thus, it was also clear that by reducing the length of hospital stay, the number of patients with infections has already been reduced to 5.8%. Finally, another piece of data evaluated was the patients in relation to the ASA classification, where it was evidenced that the main component of patients with infectious conditions are those classified in ASA II.

4 CONCLUSION

This study offers a different view in relation to the way of thinking and analyzing infections caused in neurological surgeries, both pre- and postoperatively. However, it is also clear that vigilance in these patients is necessary to ensure a better quality of life after the end of the surgical procedure, where the surgery ends, but care will be redoubled in order to reduce the length of hospital stay and, consequently, increase their chance of not acquiring nosocomial infections.



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